

# Participant End of Process Questionnaire



The U.S. Institute for Environmental Conflict Resolution requests your assistance in evaluating this process. As a part of this evaluation we ask the various participants who have been involved in this project to provide us with information about their experience. The data compiled will provide much-needed information that will be used to improve mediation and facilitation processes. The average estimated reporting burden for this questionnaire is 20 minutes. This estimate includes time for reviewing the instructions, gathering the data needed, completing, and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Institute. This questionnaire has an identifying number so that we can track who has responded. The Institute will not report information from this evaluation in a way that respondents or their organizations can be identified. Moreover, the identity of individual respondents will be kept confidential and will not be disclosed. The Office of Management and Budget (OMB) number that is displayed on the cover is currently valid and authorizes this collection of information.

**1. Which category best describes the interest or organization you represented in this process? CHECK THE MOST APPROPRIATE BOX ONLY.**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | a. Academic – Primary or Secondary Educational Organizations  |
| <input type="checkbox"/> | b. American Indian Interests (whether or not federally recognized), Alaska Native, Native Hawaiian      |
| <input type="checkbox"/> | c. Federal Government   |
| <input type="checkbox"/> | d. State Government   |
| <input type="checkbox"/> | e. Local/Regional Government  |
| <input type="checkbox"/> | f. Advocacy Group for Local, Regional or State Government (e.g., the National League of Cities)         |
| <input type="checkbox"/> | g. Business, Economic or Business Advocacy Group (e.g., Chamber of Commerce, Manufacturers Association) |
| <input type="checkbox"/> | h. Community or Public Interest Organization  |
| <input type="checkbox"/> | i. Resource User Groups (e.g., forest products industries, commercial fishing industry, mining)         |
| <input type="checkbox"/> | j. Recreational User Groups (e.g., hikers, clubs for bird-watching, supportive outfitters)              |
| <input type="checkbox"/> | k. Cultural or Historic Preservation Groups   |
| <input type="checkbox"/> | l. Environmental Advocacy/Preservation/Conservation or Public Health Organizations                      |
| <input type="checkbox"/> | m. Individual Representing My Own Interests   |
| <input type="checkbox"/> | n. Other (PLEASE SPECIFY): _____  |

2. In what year did the organization or interest you represent become involved in the issue?

|      |       |
|------|-------|
| Year | _____ |
|------|-------|

3. What was the total number of months or years in which you were actively working to address the issues or resolve the conflict (including the time spent in the collaborative process)? CHECK ONLY ONE.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 - 6 months             | 7 - 12 months            | 1 - 2 years              | 3 - 5 years              | More than 5 years        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***Rating Scale***



4. Think back to the start of the process and using the scale above, please rate the following questions.

☐ PLEASE CHECK IF **NOT APPLICABLE** (I.E., I WAS NOT INVOLVED AT THE START OF THE PROCESS) OTHERWISE, PLEASE RATE THE FOLLOWING.

|        |  |
|--------|--|
| Rating |  |
| _____  | a. The extent to which you were willing to work collaboratively with other participants in this process. |
| _____  | b. The extent to which you were confident that your objectives could be met using this process.          |

**5. Please indicate the extent to which agreement was reached.**

PLEASE CHECK THE MOST APPROPRIATE BOX ONLY **AND** ELABORATE ON YOUR ANSWER IF APPROPRIATE.

The term “**AGREEMENT**” applies to the written or unwritten agreement reached by participants in the process, including plans, proposals/recommendations, procedures, collaborative decisions to work together and settlements. TO ANSWER THIS QUESTION, THINK ABOUT WHAT IT WAS THAT THE GROUP WAS CHARGED TO COME UP WITH AT THE END OF THIS COLLABORATIVE PROCESS.

| CHECK<br><u>ONLY ONE</u> |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | Agreement reached on all key issues  | <i>Use the space below if you would like to elaborate on your response:</i> |
| <input type="checkbox"/> | Agreement on most key issues   |   |
| <input type="checkbox"/> | Agreement on some key issues   |   |
| <input type="checkbox"/> | No agreement on any key issues, but progress was made towards addressing the issues or resolving the conflict. |   |
| <input type="checkbox"/> | No agreement, we ended the process without making much progress.   |   |

- ☐ PLEASE CHECK IF **NOT APPLICABLE** (I.E., NO AGREEMENT WAS REACHED)  
**OTHERWISE, PLEASE RATE THE FOLLOWING.**

| Rating |   |
|--------|---|
| _____  | a. The extent to which you understand the terms of the agreement.   |
| _____  | b. The extent to which you feel that the agreement takes account of your interests.   |
| _____  | c. The extent to which the agreement specifies a way it can be changed/modified if things don't go as planned.  |
| _____  | d. The extent to which the agreement effectively deals with key issues in the case.   |
| _____  | e. The extent to which the agreement, if implemented, will effectively address the issues or resolve the controversy.   |
| _____  | f. The extent to which you are confident the agreement can be carried out in its current form.  |
| _____  | g. The extent to which you are confident that the participants have built strong enough relationships with each other to ensure that the agreement will last. |

- ☐ PLEASE CHECK IF NOT APPLICABLE (I.E., ALL KEY ISSUES WERE RESOLVED) OTHERWISE, PLEASE CHECK ALL THAT APPLY.

| I (or the organization I represent) will likely |   |
|---|---|
| <input type="checkbox"/>                        | a. engage in some significant litigation effort (i.e., litigation that is contested by the other side and may go to trial).   |
| <input type="checkbox"/>                        | b. engage in an abbreviated or limited duration court proceeding (i.e., a temporary restraining order, disposition motion or meeting with a judicial officer, etc.) |
| <input type="checkbox"/>                        | c. engage in an administrative hearing or contested case process.   |
| <input type="checkbox"/>                        | d. engage in a rulemaking process.  |
| <input type="checkbox"/>                        | e. seek some legislative remedy or solution.  |
| <input type="checkbox"/>                        | f. do nothing for now and just wait.  |
| <input type="checkbox"/>                        | g. engage in another collaborative process.   |
| <input type="checkbox"/>                        | h. Other (PLEASE SPECIFY) _____   |

8. Were there any factors beyond the control of the participants in this collaborative process that had a significant impact on your ability to reach agreement (for example, a change in relevant regulations or in public support)?

|                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No  |

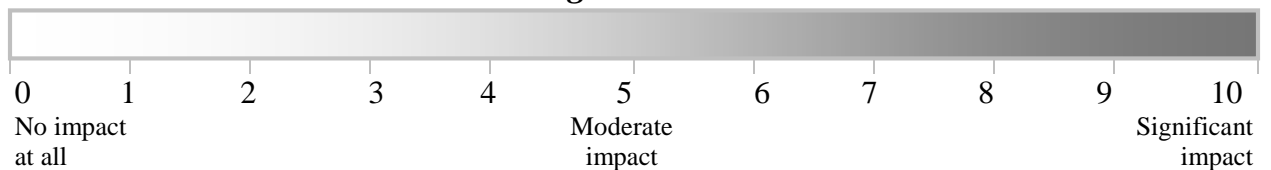
9. IF you indicated 'YES' in #8, please list the factors that:

|   |       |
|---|-------|
| <b>HELPED the participants in reaching agreement:</b>   |       |
| 1.  | _____ |
| 2.  | _____ |
| 3.  | _____ |
| <b>HINDERED the participants in reaching agreement:</b> |       |
| 1.  | _____ |
| 2.  | _____ |
| 3.  | _____ |

**10. Were all the participants that were needed part of the process?**

|                          |     |   |
|--------------------------|-----|---|
| <input type="checkbox"/> | Yes | <i>Please elaborate if you would like to clarify:</i> |
| <input type="checkbox"/> | No  |   |

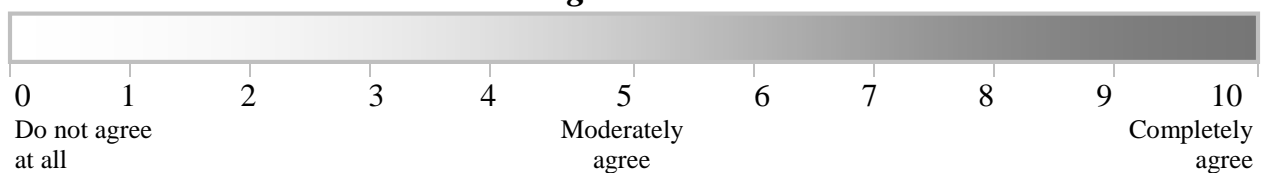
***Rating Scale***



**11. Using the above scale, please rate the following:**

|        |   |
|--------|---|
| Rating |   |
| _____  | <p>The extent to which the absence of participants had a <u>negative</u> impact on the collaborative process.</p> <p><input type="checkbox"/> Check if "Not Applicable" (i.e., all the participants that were needed were part of the process).</p> |

***Rating Scale***



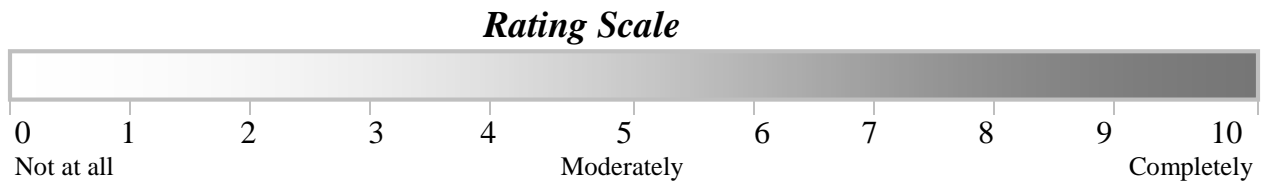
**12. Using the above scale, please rate your level of agreement with the following:**

|        |  |
|--------|--|
| Rating |  |
| _____  | a. The participants continued to be engaged so long as their involvement was necessary.            |
| _____  | b. The participants had sufficient authority to make commitments on behalf of their organizations. |

PLEASE IDENTIFY EACH MEDIATOR/FACILITATOR BY PLACING THEIR INITIALS IN THE SPACE PROVIDED AND THEN RATE EACH STATEMENT FOR EACH MEDIATOR/FACILITATOR (IF MORE THAN ONE). PLEASE USE THE MARGINS TO RATE ADDITIONAL MEDIATORS/FACILITATORS IF NEEDED. FOR QUESTIONS THAT "DO NOT APPLY" FOR A PARTICULAR MEDIATOR/FACILITATOR PLEASE WRITE "N/A" IN THE SPACE PROVIDED FOR A RATING.

| Initials of Mediator(s) / Facilitator(s) |       |       |       | Mediator / Facilitator Skills and Practices   |
|--|-------|-------|-------|---|
| 1.                                       | 2.    | 3.    | 4.    |   |
| Ratings                                  |       |       |       |   |
| _____                                    | _____ | _____ | _____ | a. The extent to which you were confident, at the start of the process, that he/she was the appropriate mediator/facilitator to guide the process.  |
| _____                                    | _____ | _____ | _____ | b. The extent to which the mediator/facilitator made sure we had a realistic work plan and timeline for the process.  |
| _____                                    | _____ | _____ | _____ | c. The extent to which the mediator/facilitator dealt with me in a fair and unbiased manner.  |
| _____                                    | _____ | _____ | _____ | d. The extent to which when things got tense, the mediator/facilitator was able to help us find ways to move forward constructively.<br><input type="checkbox"/> Check if <i>Not Applicable</i> (i.e., things did not get tense during the process) |
| _____                                    | _____ | _____ | _____ | e. The extent to which the mediator/facilitator made sure that the views and perspectives of all participants were heard and addressed.   |
| _____                                    | _____ | _____ | _____ | f. The extent to which the mediator/facilitator made sure that no one dominated the process or other participants.  |
| _____                                    | _____ | _____ | _____ | g. The extent to which the mediator/facilitator helped us manage technical discussions efficiently. <input type="checkbox"/> Check if <i>Not Applicable</i>   |
| _____                                    | _____ | _____ | _____ | h. The extent to which the mediator/facilitator assisted us in making sure that options for addressing the issues or resolving the controversy are implementable.   |
| _____                                    | _____ | _____ | _____ | i. The extent to which the mediator/facilitator was useful in helping us to document our agreement(s) appropriately.  |
| _____                                    | _____ | _____ | _____ | j. The extent to which you would recommend the mediator/facilitator to others in a similar situation without hesitation.  |





**14. Using the scale above, please rate the following regarding the participants' ability to work together during the process and to clarify issues in dispute:**

| Rating |  |
|--------|--|
| _____  | a. The extent to which the participants worked together cooperatively on the key issues in this case or project.   |
| _____  | b. The extent to which the participants, as a group, represent an appropriate range of all affected concerns.  |
| _____  | c. The extent to which the participants sought options or solutions that met the common needs of all participants.   |
| _____  | d. The extent to which trust was built among the participants.   |
| _____  | e. The extent to which the process helped you gain a better understanding of each other's views and perspectives.  |
| _____  | f. The extent to which other participants understood your views well enough that they could state them accurately.   |
| _____  | g. The extent to which the process helped you identify and focus on the key issues that had to be addressed.   |
| _____  | h. The extent to which the process helped you identify appropriate alternative ways for dealing with issues that could not be handled through this process.<br><br><input type="checkbox"/> Check if <i>Not Applicable</i> |

### *Rating Scale*



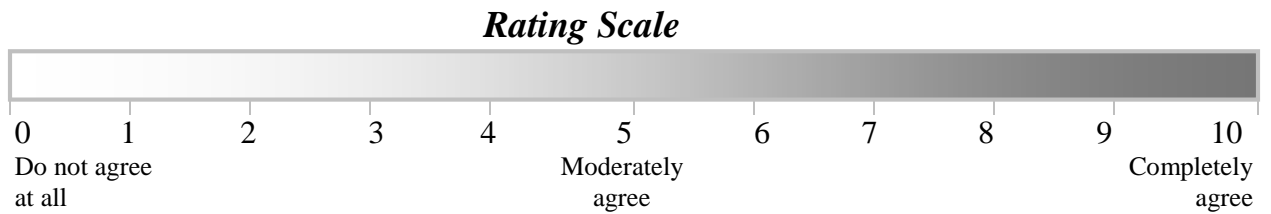
**15. Using the scale above, please tell us about the extent to which the process helped the participants better understand the issues.**

| Rating |  |
|--------|--|
| _____  | a. We worked effectively to identify information needs.  |
| _____  | b. I understood all important information and data used in this process.   |
| _____  | c. All participants had full access to relevant information they needed in order to participate effectively in this collaborative process. |
| _____  | d. The validity of the information used in this process was accepted by all of the participants.   |
| _____  | e. The process helped you gain a more complete understanding of the issues in this case/project.   |

**16. If you had not participated in this collaborative process, what would have been the most likely process for the issues to be addressed or resolved?**

PLEASE CHECK THE MOST APPROPRIATE BOX ONLY.

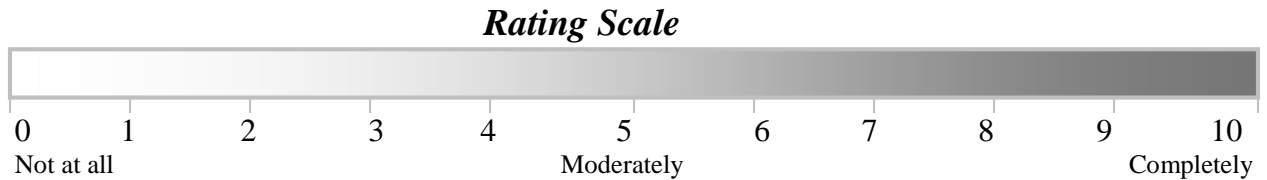
|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | a. Unassisted negotiation  |
| <input type="checkbox"/> | b. Judicial settlement conference  |
| <input type="checkbox"/> | c. Litigation  |
| <input type="checkbox"/> | d. Lobbying or working to achieve legislative action   |
| <input type="checkbox"/> | e. Rulemaking  |
| <input type="checkbox"/> | f. Arbitration   |
| <input type="checkbox"/> | g. Administrative proceeding (e.g., agency appeals process, contested process hearing, agency order) |
| <input type="checkbox"/> | h. Wait for a better time to take action.  |
| <input type="checkbox"/> | i. Don't know  |
| <input type="checkbox"/> | j. Other (PLEASE SPECIFY) _____  |



**17. Using the scale above, how do you think the collaborative process you completed would compare with the alternative that you selected in the previous question?**

Although it may be hard to know what would have happened with the alternative you chose in question 16, please give us your thoughts on the following:

| <input type="checkbox"/> Check if "Not Applicable" (i.e., I selected "Don't Know" for question 16) |  |
|--|--|
| Rating   |  |
| _____  | a. The results of the collaborative process <i>better</i> served the interests of the participants.  |
| _____  | b. The participants are <i>more likely</i> to be able to work together in the future on matters related to this case or project.   |
| _____  | c. The results of the collaborative process are <i>less likely</i> to be challenged.   |
| _____  | d. The collaborative process we participated in led or will lead to a <i>more informed</i> public action / decision.   |
| _____  | e. The collaborative process we participated in <i>more effectively</i> addressed the issues or resolved the conflict.   |
| _____  | f. The collaborative process we participated in took <i>less</i> of our time.  |
| _____  | g. The collaborative process we participated in took more time, <i>but the extra time was worth the investment.</i><br><input type="checkbox"/> Check if "Not Applicable" (i.e., the process did not take more time) |
| _____  | h. The collaborative process we participated in was <i>less</i> expensive.   |
| _____  | i. The collaborative process was more expensive, <i>but the extra costs were worth the investment.</i><br><input type="checkbox"/> Check if "Not Applicable" (i.e., the process was less expensive)                  |



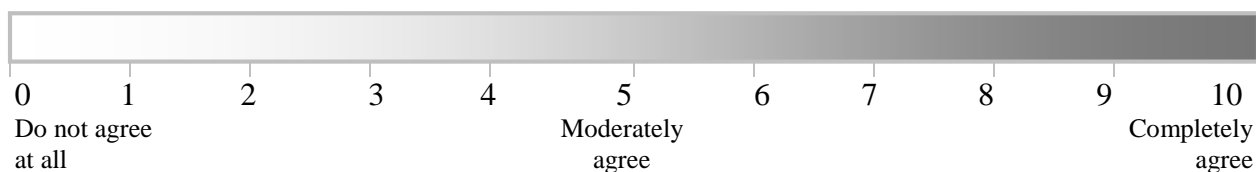
**18. Using the scale above, please rate your ability to participate in this process by indicating the extent to which the following criteria apply.**

| Rating |   |
|--------|---|
| _____  | a. The extent to which you had the <u>skills</u> needed to participate effectively in this process.   |
| _____  | b. The extent to which you had the <u>time</u> needed to participate effectively in this collaborative process.   |
| _____  | c. The extent to which you/your organization had the resources needed to participate effectively in this collaborative process.<br><input type="checkbox"/> Check if "Don't Know" or "Not Applicable" |

**19. Using the scale at the top of the page, please rate the extent to which the following conditions were in place (1) when the process began and (2) as a result of the process.**

|  | <i>Before the process began</i>  | <i>As a result of the process</i> |
|--|--|-----------------------------------|
|  | Rating   | Rating                            |
| a. The extent to which the participants were able to work together cooperatively to address issues and resolve conflicts for this case or project. | _____  | _____                             |
| b. The extent to which the participants trusted each other.  | _____ <input type="checkbox"/> Check if <i>Don't know or no experience</i> | _____                             |

### *Rating Scale*



**20. Using the scale above, please rate the following statements about the value of this collaborative process to yourself and others.**

| Rating |  |
|--------|--|
| _____  | a. My first choice would be to use this type of process again for similar situations.          |
| _____  | b. I would recommend this type of process to others in a similar situation without hesitation. |
| _____  | c. We could not have progressed as far as we did using any other process of which I am aware.  |
| _____  | d. I feel the benefits of this process will outweigh the costs.                                |

**21. At this point in time, in very general terms what did this collaborative process accomplish?**

| CHECK <u>ALL</u><br>THAT APPLY |   |
|--------------------------------|---|
| <input type="checkbox"/>       | a. A potentially costly or divisive dispute or controversy was <i>likely</i> avoided. |
| <input type="checkbox"/>       | b. An impasse (stalemate) was broken.   |
| <input type="checkbox"/>       | c. A crisis was averted.  |
| <input type="checkbox"/>       | d. Conflict didn't escalate.  |
| <input type="checkbox"/>       | e. Costly or protracted litigation was avoided.                                       |
| <input type="checkbox"/>       | f. Relationships among parties in this process were improved.                         |
| <input type="checkbox"/>       | g. The process resulted in timely decisions and outcomes                              |
| <input type="checkbox"/>       | h. Nothing was accomplished.  |
| <input type="checkbox"/>       | i. The process made the issues or dispute worse.                                      |

**22. What long-term outcomes do you anticipate as a result of the agreement/decision made during the process?**

PLEASE CONSIDER THAT THESE OUTCOMES CAN BE **POSITIVE OR NEGATIVE**, AND THEY CAN BE OF MANY TYPES, SUCH AS EFFECTS ON THE NATURAL ENVIRONMENT OR ON CULTURAL RESOURCES, CHANGES IN SOCIAL OR COMMUNITY RELATIONSHIPS, ECONOMIC DEVELOPMENT, AND SO ON.

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

**23. What are the top 3 things that, over time, you would need to see happen as evidence that the process was successful? PLEASE REFER TO QUESTION #22, AND THINK ABOUT WHAT YOU WOULD USE AS MEASURES OR INDICATORS OF SUCCESS:**

|                   |
|-------------------|
| 1. _____<br>_____ |
| 2. _____<br>_____ |
| 3. _____<br>_____ |

**24. Please indicate your overall level of satisfaction with:**

|                               | Overall Level of Satisfaction |                          |                          |                                    |                          |                          |                          |
|-------------------------------|-------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
|                               | Totally Dissatisfied          | Mostly Dissatisfied      | Somewhat Dissatisfied    | Neither Satisfied nor Dissatisfied | Somewhat Satisfied       | Mostly Satisfied         | Totally Satisfied        |
| a. the process used           | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. the results of the process | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**25. What single factor contributed most to your overall level of satisfaction?**

|             |
|-------------|
| <hr/> <hr/> |
|-------------|

**26. What is your top suggestion on how this collaborative process could have been improved? PLEASE WRITE "NONE" IF YOU FEEL THIS PROCESS COULD NOT HAVE BEEN IMPROVED.**

|                   |
|-------------------|
| <hr/> <hr/> <hr/> |
|-------------------|

**27. Do you have any comments that you would like to add?**

|                   |
|-------------------|
| <hr/> <hr/> <hr/> |
|-------------------|

Thank you for taking the time to complete this questionnaire. Your assistance in providing this information is *very* much appreciated.

*Please return your completed questionnaire to:*

**The U.S. Institute for Environmental Conflict Resolution  
Attn: Patricia Orr, Program Evaluation Coordinator  
130 South Scott Avenue,  
Tucson, Arizona 85701  
Telephone: 520.670.5299 Fax: 520.670.5530**

PERSONS WITH DISABILITIES WHO REQUIRE ALTERNATIVE MEANS FOR  
COMMUNICATION OF PROGRAM EVALUATION INFORMATION SHOULD CONTACT  
THE U.S. INSTITUTE AT (520) 670-5299.